

Sheet 1 of 2

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME ADDRESS												
	LOCAL NO.	MEDICAL FACILITY NAME			EMS SERVICE NAME			EMS RUN REPORT NO.					
VEH. #	NAME ADDRESS												
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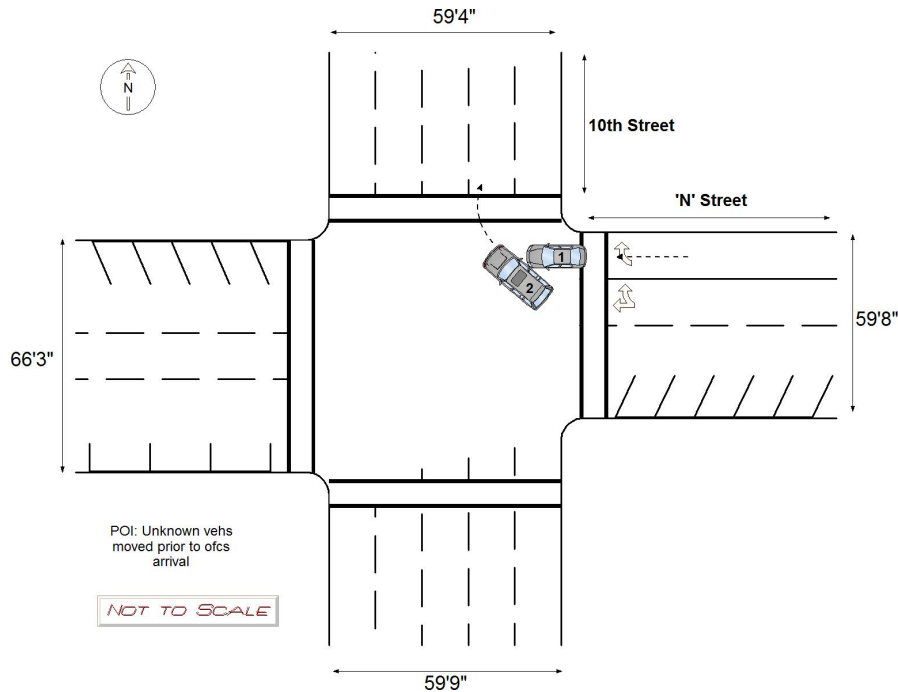
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-093250**



Indicate  
North  
by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Driver 2(D2) stated that he was in the far south lane of N St traveling WB. D2 stated that he was going to turn right onto S 10th to travel NB. D2 said veh #1 was in the lane next to him and proceeded straight on N St and collided with his veh. Driver 1(D1) stated she was unsure what lane she was in and proceeded straight on N st as she was WB on N St. D1 said she collided with veh #2. D1 stated that it was her fault.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE <b>\$</b>
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS														
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																					
1				X	N St				4		2		<table border="1" style="width:100%; text-align: center;"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>N</td> <td>X</td> <td>N</td> <td>X</td> </tr> </table>		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	N	X	N	X
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																							
Y		Y	Y																							
N	X	N	X																							
2				X	N St																					
1	01	06 Turning left			POINT OF IMPACT		08	POINT OF IMPACT		03	1 None used - vehicle occupant		<table border="1" style="width:100%; text-align: center;"> <tr> <th>ALCOHOL/ DRUGS SUSPECTED</th> <th>Driver No. 1</th> <th>Driver No. 2</th> </tr> <tr> <td>1</td> <td>1</td> <td>1</td> </tr> </table>		ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2	1	1	1						
ALCOHOL/ DRUGS SUSPECTED	Driver No. 1	Driver No. 2																								
1	1	1																								
2	05	08 Entering traffic lane			MOST DAMAGED AREA		08	MOST DAMAGED AREA		03	2 Lap & shoulder belt used		<div style="font-size: small;">                     1 Neither alcohol nor drugs suspected                      2 Yes - alcohol suspected                      3 Yes - drugs suspected                      4 Yes - alcohol &amp; drugs suspected                      5 Unknown                 </div>													
				09 Leaving traffic lane		02 03 04				3 Shoulder belt only used																
				10 Parked		01 05				4 Lap belt only used																
				11 Slowing or stopped in traffic		08 07 06				5 Child safety seat used																
				12 Other						6 Child booster seat used																
				13 Unknown						7 DOT approved helmet used																
										8 Costume helmet used																
										9 Restraint use unknown																

OFFICER NO. <b>1583</b>	TROOP/ TEAM/ BEAT <b>CE</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Jorge Dimas</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Jorge Dimas</b>	DATE OF REPORT <b>10/07/2015</b>